Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Substance use: percent of hospitalized patients who are screened within the first three days of admission using a validated screening questionnaire for unhealthy alcohol use.

Source(s)

Specifications manual for national hospital inpatient quality measures, version 5.0b. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; Effective 2015 Oct 1. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percent of hospitalized patients 18 years of age and older who are screened within the first three days of admission using a validated screening questionnaire for unhealthy alcohol use.

Rationale

Excessive use of alcohol and drugs has a substantial harmful impact on health and society in the United States. It is a drain on the economy and a source of enormous personal tragedy (National Quality Forum, 2007). In 1998 the economic costs to society were 185 billion dollars for alcohol misuse and 143 billion dollars was attributable to drug problems (Harwood, 2000). Health care spending was 19 billion dollars for alcohol problems, and 14 billion dollars for drug problems. Nearly a quarter of one trillion dollars in lost productivity is attributable to substance use. More than 537,000 persons died as a consequence of alcohol, drug, and tobacco use, making them the cause of over one out of four deaths in the United

States (Mokdad et al., 2004).

An estimated 22.6 million adolescents and adults meet criteria for a substance use disorder, but addiction or dependence is not the most common type of problem. In a multi-state study that screened 459,599 patients in general hospital and medical settings, 23% screened positive. Of these, 16% used alcohol or drugs above safe limits, an additional 3% were very heavy users, but only 4% had an addictive use pattern (Madras et al., 2009).

Clinical trials have demonstrated that brief interventions, especially prior to the onset of addiction, significantly improve health and reduce costs, and that similar benefits occur in those with addictive disorders who are referred to treatment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2007; National Institutes of Health [NIH] & National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2005; Fleming et al., 2002).

Patients with substance-use problems have a greater risk for serious injury and over 50 medical problems including hypertension, gastrointestinal (GI) bleeding, depression, stroke, dementia, cirrhosis, multiple forms of cancer, dysrhythmias, and infections such as tuberculosis, hepatitis, endocarditis, and HIV (NIH & NIAAA, 2005).

Hospitalization provides a prime opportunity to address substance use, and for many patients, controlling their other health problems requires addressing their substance use (Fleming et al., 2002).

Evidence for Rationale

Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL. Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. Alcohol Clin Exp Res. 2002 Jan;26(1):36-43. PubMed

Harwood H. Updating estimates of the economic costs of alcohol abuse in the United States: estimates, update methods and data. [internet]. Falls Church (VA): The Lewin Group for the National Institute on Alcohol Abuse and Alcoholism; 2000 [accessed 2003 Mar 01].

Madras BK, Compton WM, Avula D, Stegbauer T, Stein JB, Clark HW. Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: comparison at intake and 6 months later. Drug Alcohol Depend. 2009 Jan 1;99(1-3):280-95. PubMed

Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004 Mar 10;291(10):1238-45. [97 references] PubMed

National Institutes of Health (NIH), National Institute on Alcohol Abuse and Alcoholism (NIAAA). Helping patients who drink too much: a clinician's guide. NIH publication no. 05-3769. Bethesda (MD): National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; 2005. 30 p.

National Quality Forum. National voluntary consensus standards for the treatment of substance use conditions: evidence-based treatment practices; a consensus report. Washington (DC): National Quality Forum; 2007.

Specifications manual for national hospital inpatient quality measures, version 5.0b. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; Effective 2015 Oct 1. various p.

Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2006 National Survey on Drug Use and Health: national findings [Office of Applied Studies, NSDUH Series H-32, DHHS Publication No. SMA 07-4293]. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2007. 282 p.

Primary Health Components

Substance use; alcohol use; screening

Denominator Description

Number of hospitalized inpatients 18 years of age and older (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking within the first three days of admission (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

- Evidence-based screening instruments exist that can detect harmful alcohol and other drug use. Brief interventions that can be delivered during a single primary care office visit have been tested in multiple randomized trials, including a multi-center one in the Medicare eligible age group. They demonstrate that screening and intervention significantly reduce health risks, and generate cost-savings of approximately 4 dollars for every dollar invested in providing them.
- Clinical trials have demonstrated that brief interventions, especially prior to the onset of addiction, significantly improve health and reduce costs, and that similar benefits occur in those with addictive disorders who are referred to treatment.

Evidence for Additional Information Supporting Need for the Measure

Fleming MF, Manwell LB, Kraus M, Isaacson JH, Kahn R, Stauffacher EA. Who teaches residents about the prevention and treatment of substance use disorders? A national survey. J Fam Pract. 1999 Sep;48(9):725-9. PubMed

Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL. Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. Alcohol Clin Exp Res. 2002 Jan;26(1):36-43. PubMed

National Institutes of Health (NIH), National Institute on Alcohol Abuse and Alcoholism (NIAAA). Helping patients who drink too much: a clinician's guide. NIH publication no. 05-3769. Bethesda (MD): National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; 2005. 30 p.

Extent of Measure Testing

Twenty-four hospitals from nineteen states volunteered to participate in a six month pilot test of the draft measures, commencing with discharges beginning March 1, 2010 and concluding on July 31, 2010. There were three tests conducted during the development phase for this measure; public comment, survey of the pilot sites, and a Technical Advisory Panel (TAP) assessment. The purpose was threefold: to gather information regarding face validity, to determine feasibility of data collection, and to gather information about each data element regarding clarity and suggested enhancement that could be made. 2,177 persons responded to the public comment. A total of eleven hospitals and eight TAP members completed the evaluation.

The final phase of testing consisted of site visits to a sample of participating pilot hospitals to assess the reliability of data abstracted and reported by those hospitals. Reliability test site visits were conducted at nine randomly selected pilot hospitals. Selection of the test sites was based on multiple characteristics; including hospital demographics, populations served, bed size and type of facility.

All of the substance use (SUB) measures have undergone a rigorous process of public comment, alpha testing and broad-scale pilot testing and are recognized by the field as important indicators of substance abuse treatment.

Evidence for Extent of Measure Testing

Domzalski K. (Associate Project Director, Division of Healthcare Quality Evaluation, Department of Quality Measurement, The Joint Commission. Oakbrook Terrace, IL). Personal communication. 2013 Aug 28. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities
Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Discharges October 1 through June 30

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Institutionalization

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
Number of hospitalized inpatients 18 years of age and older

Exclusions

- Patients less than 18 years of age
- Patients who are cognitively impaired
- Patients who have a duration of stay less than or equal to three days or greater than 120 days
- Patients with *Comfort Measures Only* (as defined in the Data Dictionary) documented

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking within the first three days of admission, including:

- Patients with a blood alcohol test indicative of acute intoxication
- Patients who refuse screening

Exclusions
None

Numerator Search Strategy

Institutionalization

Data Source

Administrative clinical data

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

- Global Initial Patient Population Algorithm Flowchart
- SUB-1: Alcohol Use Screening Flowchart

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

SUB-1: alcohol use screening.

Measure Collection Name

National Hospital Inpatient Quality Measures

Measure Set Name

Substance Use

Submitter

The Joint Commission - Health Care Accreditation Organization

Developer

The Joint Commission - Health Care Accreditation Organization

Funding Source(s)

All external funding for measure development has been received and used in full compliance with The Joint Commission's Corporate Sponsorship policies, which are available upon written request to The Joint Commission.

Composition of the Group that Developed the Measure

Technical advisory panel of stakeholders. Panel membership may be viewed at: http://www.jointcommission.org/assets/1/6/Substance_Use_Measure_Advisory_Panel.pdf

Financial Disclosures/Other Potential Conflicts of Interest

Expert panel members have made full disclosure of relevant financial and conflict of interest information in accordance with the Conflict of Interest policies, copies of which are available upon written request to The Joint Commission.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2015 Apr 29

Measure Initiative(s)

Inpatient Psychiatric Facility Quality Reporting Program

Quality CheckÂ®

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

This measure is reviewed and updated every 6 months.

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: Specifications manual for national hospital inpatient quality measures, version 4.3b. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; 2014 Apr. various p.

Measure Availability

Source available from The Joint Commission Web site . Information is also available from the QualityNet Web site . Check The Joint Commission Web site and QualityNet Web site regularly for the most recent version of the specifications manual and for the applicable dates of discharge.

NQMC Status

The Joint Commission originally submitted this NQMC measure summary to ECRI Institute on March 28, 2012. This NQMC summary was reviewed accordingly by ECRI Institute on November 27, 2012.

The Joint Commission informed NQMC that this measure was updated on July 16, 2013 and provided an updated version of the NQMC summary. This NQMC summary was updated accordingly by ECRI Institute on December 6, 2013.

The Joint Commission informed NQMC that this measure was updated on April 16, 2014 and provided an updated version of the NQMC summary. This NQMC summary was updated accordingly by ECRI Institute on June 23, 2014.

The Joint Commission informed NQMC that this measure was updated on April 14, 2015 and provided an updated version of the NQMC summary. This NQMC summary was updated accordingly by ECRI Institute on July 9, 2015.

This NQMC summary was edited by ECRI Institute on November 16, 2015.

Copyright Statement

Production

Source(s)

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